

ARTS EDUCATION ARTIST IN RESIDENCE GRANT DESCRIPTION, REVIEW CRITERIA, AND CHECKLIST

Artist in Residence grants are for schools, nonprofit organizations, or SMALL school districts (please call the AE office, 801-320-9794, to see if you qualify as a SMALL school district). Residencies can vary in length ranging from 40 to 80 hours. Residencies must be completed between July 1, 2008 and June 30, 2009. Residencies must have one target group (meeting 8 times for approximately 50 minutes each time) and several workshop groups (meeting 3 times for approximately 50 minutes each time). No target group or workshop group may have more than 35 participants.

Review Criteria

When reviewing applications, panelists look for the following information upon which to base their decisions for funding:

- ☐ Is the application complete?
- ☐ Have *all* the narrative questions been answered?
- ☐ Does the application provide evidence that the school is able to carry out the goals and objectives of the residency?
- ☐ Is there evidence that the artist is artistically and educationally qualified?
- ☐ Has the applicant completed all reports/evaluations and met all obligations for past grants? Are these documents thorough, informative and do they document student learning?
Were they sent in on time?
- ☐ Has the artist been contacted and been an integral part of the residency planning?

Final Checklist for Mailed Submissions

Do not staple, bind, use sheet protectors, or notebooks on any part of your application.

Use paperclips only.

- ☐ **Grant Cover and Statistical Form (3 pages)**
- ☐ **Narrative**
- ☐ **Signature Form**
- ☐ 2 sets of **Supplemental Materials** (optional)

If any of this is confusing, please see the item-by-item completion key (included here) or call the AE office at (801) 320-9794 or (801) 645-4238.

ARTS EDUCATION ARTIST IN RESIDENCE COMPLETION KEY

Use the key below to ensure accuracy when completing your application. **The numbers below refer to the numbers in the Grant Cover and Statistical Form boxes, Narrative, and Signature Form.**

#1-26 GRANT COVER AND STATISTICAL FORM

- * Please specify the organization applying for the grant by checking the appropriate box for school district, school, or non-profit organization. Also, check if your school or organization is underserved.
- 1. Your school or organization's name.
- 2. Your school or organization's street address.
- 3. Your school or organization's city.
- 4. Your school or organization's zip code.
- 5. Your school's school district (*school/school districts only*).
- 6. Your school or organization's county.
- 7. Person who is authorizing this residency and is responsible for assuring matching funds (i.e. principal, director).
- 8. Title of person entered in box 7.
- 9. Home and work phone numbers for your authorizing official.
- 10. Your authorizing official's email.
- 11. The on-site coordinator is the person we may call often. This person will need to be familiar with all of the paperwork and schedule requirements, handbook guidelines, financial information, and much more. This person coordinates the whole residency and is the lead contact for our agency. For schools, this person may be a principal, teacher, or parent. For organizations, this person may be a director, coordinator, programmer, or administrator.
- 12. Home and work phone for your on-site coordinator. Don't worry; we will call the coordinator at home only if necessary.
- 13. HOME street address for the on-site coordinator. This address is extremely important because planning often takes place in the summer. We also send the grant award letters to the home of the on-site coordinator. (You wouldn't want to miss finding out if you got your grant!)
- 14. HOME city for the on-site coordinator.
- 15. HOME zip code for the on-site coordinator.
- 16. The on-site coordinator's email. This is our preferred method of communication.

Please Note: Questions 17-21 are for school and school districts only.

17. This teacher CANNOT be the same person as the on-site coordinator. This teacher is the back up to your on-site coordinator.
18. The home and work phone of your on-site teacher.
19. The on-site teacher's email address.
20. This is the person who is representing your district on the State Board of Education. They are one of the following people: Teresa L. Theurer (1), Greg W. Haws (2), Richard Moss (3), Richard Sadler (4), Kim R. Burningham (5), Michael G. Jensen (6), Randall Mackey (7), Janet A. Cannon (8), Denis Morrill (9), Laurel Brown (10), Bill Colbert (11), Mark Cluff (12), Tom Gregory (13), Dixie Allen (14), or Debra G. Roberts (15). For more information visit: <http://www.schools.utah.gov/board/1members.htm>
21. Number of students enrolled in your school. Please include the students in the special education programs.
22. This is the 9-digit number found on the schools or organizations federal 990 form. In Utah, the first two digits are 87-.
23. Check special/underserved populations to be involved in this project. DO NOT check the boxes just because you have special/underserved populations in your school district. Note: Underserved populations include highly rural, isolated communities or any population that lacks access to artistic resources.
24. Check the description of the instructional venue.
25. U.S. Congressional District Representative for your school or organization. You can find your representative at www.vote-smart.org.
26. Representative(s) and senators(s) to the Utah legislature: Your school or organization may have more than one representative and senator. List all that apply. If you do not know the representative for your school or organization, call (801) 538-1029 and for your senator, call (801) 538-1035 or visit www.utah.gov/government/legislative.html

#27-30 ARTIST IN RESIDENCE BUDGET

27. This is the budget section of your grant. If you are unsure of your school's grant history with the UAC/AE program, please call the AE staff at (801) 320-9794 or (801) 320-9796.
28. a. If your school or organization has **not** had an artist in residence in the past, check the number of weeks/hours you are applying to have an artist in your school or organization. A two-week residency is a commitment of 40 hours, a three-week residency is 60 hours and a four-week residency is 80 hours. The numbers next to the check boxes indicates your school or organization's artist salary match. This is the amount you will be required to send to the Utah Arts Council.

- b. If your school or organization has had a residency **once or twice within the past ten years**, check the number of weeks/hours you are applying to have an artist in your school or organization. A two-week residency is a commitment of 40 hours, a three-week residency is 60 hours and a four-week residency is 80 hours. The numbers next to the check boxes indicates your school or organization's artist salary match. This is the amount you will be required to send to the Utah Arts Council.
- c. If your school or organization has had a residency **three of more times in the past ten years**, check the number of weeks/hours you are applying to have an artist in your school or organization. A two-week residency is a commitment of 40 hours, a three-week residency is 60 hours and a four-week residency is 80 hours. The numbers next to the check boxes indicates your school or organization's artist salary match. This is the amount you will be required to send to the Utah Arts Council. *Please note, the required match for 40 hours is 70% and for more than 40 hours is 65%.*
29. Your grant request is based on how many artist in residencies you have had in the past and the number of weeks/hours you are applying to have an artist (similar to the sponsor match). In order to determine the amount of money you are requesting, first select the number of hours/weeks you are applying to have an artist. Then check the box number that you completed previously to determine your sponsor match. *For example, I am a school who has never had an artist in residence and I am applying to have an artist for 40 hours. My sponsor match was \$600. Therefore I would go to the 40 hour box and check off #28a/ \$600. I will receive \$600 for my grant.*
30. The Utah Arts Council covers a portion of the artist's salary, transportation for the artist, lodging, and food per diem if they must travel more than 75 miles from their home. If you believe your artist will require transportation, lodging and a food per diem, please check this box.

#31-34 ARTIST CHOICE

31. **Applications must be completed with a specific artist already committed to the residency. Contact the artist of your choice prior to submitting your application to confirm their availability and to align project goals, content, and concept.**
32. A residency involves only one artist. You cannot use multiple artists for your residency. You must choose an artist from the *Arts Education Artist Roster* unless your artist of choice has a known national and/or international reputation. If you are using such an artist, you must submit, with your application, documentation of their work such as playbills, press packets, *raisonnés*, vitae, resumes, exhibition lists, touring schedules, or publication lists. The UAC/AE board chair will determine if an artist can be used for the project for which you are applying.
33. List the artist's home city and state.
34. Check the discipline of the artist you have chosen.

#35 DUN & BRADSTREET (DUNS) NUMBER

35. Beginning 2006-2007, all grant applicants to the Utah Arts Council must register for a Dun & Bradstreet (DUNS) number. This number is free and can be used as an important advocacy tool for the arts. To register online for your Dun & Bradstreet number visit <http://fedgov.dnb.com/webform/displayHomePage.do;jsessionid=F6A6F1E59161B57255CB3843DFF4B7A0> or call (866) 705-5711.

#36 NARRATIVE

36. This is the “Narrative” portion of your grant. Use at least 12-point, Arial or Times New Roman font. Answer all the questions completely. Do not reply “not applicable” to any of the questions.
- Each page of narrative must indicate at the top:
 - **Name of the school**
 - **City**
 - **Name of on-site coordinator**
 - Retype questions prior to answering.
 - Use single space between paragraphs.
 - Use 8 ½ X 11 inch white paper, one side only.
 - Use margins of at least one inch on the top, bottom, and sides of all pages.

#36-39 SIGNATURE FORM

37. This is your signature page. All signatures must be original. Do not use stamps or forge someone’s signature.
38. Please type the name of the person who is authorizing this project and is responsible for assuring matching funds. Please have them sign across from their name.
39. Please type the name of a person at your school who is responsible for submitting matching funds to UAC. Please have them sign across from their name.
40. Please type the name of the person coordinating this project. This person will be UAC/AE’s main contact at your organization. Please have them sign across from their name.
41. Please type the name of the person writing this grant and have them sign across from their name.

ARTS EDUCATION ARTIST IN RESIDENCE GRANT COVER AND STATISTICAL FORM

Grant Application
Funding for July 1, 2008 – June 30, 2009
Deadline: March 1, 2008

*Please specify if you are a school ☐ school district ☐ or non-profit organization ☐

1. School or Organization's Name			
2. Street Address			
3. City		4. Zip Code	
5. School District <i>Schools Only</i>		6. County	
7. Authorizing Official's Name			
8. Authorizing Official's Title		9. Phone with Area Code	Home
			Work
10. Authorizing Official's E-mail			
11. On-site Coordinator's Name		12. Phone with Area Code	Home
			Work
13. HOME Street Address			
14. HOME City		15. HOME Zip Code	
16. On-site Coordinator's Email			
17. On-site Teacher's Name <i>Schools only</i> CANNOT be same as On-site Coordinator		18. Phone with Area Code	Home
			Work
19. On-site Teacher's E-mail <i>Schools only</i>			
20. State School Board Representative's Name <i>Schools only</i>		21. # of Students Enrolled in School	
22. Federal Employer Identification Number (9-digits)	87 -		
23. Check special populations/underserved to be involved in this residency	Physical Disabilities <input type="checkbox"/>	Low Income <input type="checkbox"/>	Other <input type="checkbox"/>

(Note: ELL stands for English Language Learner. Underserved also includes highly rural, isolated, etc.)	Learning Disabilities <input type="checkbox"/>	ELL <input type="checkbox"/>	Reservation Population <input type="checkbox"/>
24. Check description of school instructional venue	Departmental <input type="checkbox"/>	Trimester <input type="checkbox"/>	Semester <input type="checkbox"/>
	Extended Day <input type="checkbox"/>	Year Round <input type="checkbox"/>	

25. U.S. Congressional District Representative	Bishop District 1 <input type="checkbox"/>	Matheson District 2 <input type="checkbox"/>	Cannon District 3 <input type="checkbox"/>
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26. STATE OF UTAH LEGISLATORS	
Representative(s)	Senator(s) IT IS NOT Bennett or Hatch

27. ARTIST IN RESIDENCE BUDGET			
	Number of Residency Weeks For Which You Are Applying		
	Two Weeks (40 Hours)	Three Weeks (60 Hours)	Four Weeks (80 Hours)
28a. Our school/organization has <u>NOT</u> received an Artist in Residence grant in the past. The sponsor match is 50% of the artist's salary.	\$600 Sponsor Match <input type="checkbox"/>	\$900 Sponsor Match <input type="checkbox"/>	\$1200 Sponsor Match <input type="checkbox"/>
28b. Our school/organization <u>has received</u> an Artist in Residence grant one (1) or two (2) times in the past 10 years. The sponsor match is 65% of the artist's salary.	\$780 Sponsor Match <input type="checkbox"/>	\$1170 Sponsor Match <input type="checkbox"/>	\$1560 Sponsor Match <input type="checkbox"/>
28c. Our school <u>has received</u> an Artist in Residence grant three (3) or more times in the past 10 years. The sponsor match is 70% of the artist salary's for 40 hours and 65% for 60 or 80 hours.	\$840 Sponsor Match <input type="checkbox"/>	\$1170 Sponsor Match <input type="checkbox"/>	\$1560 Sponsor Match <input type="checkbox"/>
29. Your GRANT REQUEST based on your selection is	28a = \$600 <input type="checkbox"/> 28b = \$420 <input type="checkbox"/> 28c = \$360 <input type="checkbox"/>	28a = \$900 <input type="checkbox"/> 28b = \$630 <input type="checkbox"/> 28c = \$630 <input type="checkbox"/>	28a = \$1200 <input type="checkbox"/> 28b = \$ 840 <input type="checkbox"/> 28c = \$ 840 <input type="checkbox"/>
30. If you believe your artist will require transportation, lodging and a food per diem, please check this box. (UAC/AE pays all of these costs.)			<input type="checkbox"/>

31. ARTIST CHOICE	
32. List the name of the AE Roster Artist for which this grant will be used	

33. List the city and state in which the artist lives		City		State	
34. Check the discipline of this artist					
<input type="checkbox"/>	Dance	<input type="checkbox"/>	Music		
<input type="checkbox"/>	Film/Video	<input type="checkbox"/>	Storytelling		
<input type="checkbox"/>	Literary Arts	<input type="checkbox"/>	Theatre		
<input type="checkbox"/>	Multi-Discipline	<input type="checkbox"/>	Visual Arts		

35. Dun & Bradstreet (DUNS) Number New Requirement! To register online for your Dun & Bradstreet number visit https://update.dnb.com/requestoptions/government/ccrreg/ or by phone at 1-866-705-5711. Please see Completion Key for explanation and instructions.	DUNS Number
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36. NARRATIVE

Name of school/organization:

City:

Name of on-site coordinator:

1. What is the greatest overall arts education need in the school or organization?
2. What kinds of arts education activities already take place in the school or organization?
3. List three characteristics of the community where the residency will occur.
4. Describe the planning process for this grant. Who was involved in the planning?
5. What are the goals for this residency and how do they relate to the overall plan and arts education needs of your school or organization?
6. **For School and School Districts only:** How do your goals, objectives and activities (in question #5) relate to the Utah Fine Arts Core Curriculum? For school districts, please list the names of the schools that will be involved.
7. The primary participants of a residency are target groups (maximum of 35 students) which meet with the artist a minimum of eight hours for each 40-hour residency. At least one target group per residency is required for schools and community sites. How and why were the target groups selected?
8. In addition to the target group(s), workshop groups meet with the artist at least three hours for each 40-hour residency. How and why were the workshop groups selected?
9. Describe how you will evaluate the effectiveness of your residency beyond the standard UAC/AE report forms completed by the on-site coordinator, target groups, workshop groups, principals, and teachers. (For example, will you use portfolios, pre-post measurements, on-going interaction with artist and faculty, etc.)
10. How will you accommodate students with special needs in your residency?
11. For past grantees (**excluding first time applicants**), describe the long-term impact previous residencies have had on the school or organization.
12. **For School and School Districts Only:** Describe the kinds of professional development opportunities in arts education in which your faculty has participated for the past two years (i.e. *Infinity Events*, summer arts retreats, district in-services, Networking Conference, UAEEA, UDEO, UMEA, UTA, etc.) List the names of the faculty along with the professional development opportunities and years they attended.

36. NARRATIVE Continued

13. **For Organizations only:** Answer the following questions if schools are involved in this residency:

- a. Describe the school communities the residency targets, if any.
- b. Do you plan to address the Fine Arts Core Curriculum through residency` activities and if so, how?
- c. What strategies will the residencies use to assure on-going commitment from the school faculty?
- d. What arts education professional development opportunities, currently available, have the faculty of participating schools completed within the last three years?

37. SIGNATURE FORM (Please make sure this section is on its own page.)

38. Authorizing Official

Name (typed)

Signature

39. Fiscal Agent

Name (typed)

Signature

40. On-site Coordinator

Name (typed)

Signature

41. Grant Writer

Name (typed)

Signature

Notification of panel decisions will be mailed in mid-June to the Authorizing Official, On-site Teacher, your Artist of Choice, and the home address of the On-site Coordinator.

Grant funds are sent directly to the applying organization. (Funds will not be sent to umbrella organizations.)

Keep a copy of this grant application for your records.